

Australis Care is one of ten divisions of Australis GROUP UNDERWRITING Pty Ltd ABN 80 082 459 372 AFSL 238170

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General Claim Form

IT IS ESSENTIAL THAT THIS FORM IS COMPLETED AND FORWARDED WITH ALL QUESTIONS ANSWERED,
AT THE EARLIEST OPPORTUNITY

NAME	<input type="text"/>	CLAIM NO.	<input type="text"/>	DUE DATE	<input type="text"/>
ADDRESS	<input type="text"/>	EXCESS	<input type="text"/>	INITIAL & DATE	<input type="text"/>
	<input type="text"/>	POLICY NUMBER	<input type="text"/>		
BUSINESS PHONE NO.	<input type="text"/>	PRIVATE PHONE NO.	<input type="text"/>		
	<input type="text"/>	EMAIL	<input type="text"/>		

DATE OF LOSS	/ /	
NATURE OF LOSS (BURGLARY, FIRE ETC)	<input type="text"/>	
ADDRESS OF THE PREMISES AT WHICH THE LOSS WAS SUSTAINED	<input type="text"/>	
DESCRIBE HOW THE LOSS OCCURRED	<input type="text"/>	
WAS ANOTHER PERSON RESPONSIBLE FOR THE DAMAGE TO YOUR PROPERTY?	<input type="radio"/> NO NAME AND ADDRESS OF PERSON RESPONSIBLE <input type="radio"/> YES IF YES <input type="text"/>	
IF BURGLARY, METHOD OF ENTRY	<input type="text"/>	
DAMAGE CAUSED BY ENTRY	<input type="text"/>	
HAVE THE POLICE BEEN NOTIFIED?	<input type="radio"/> YES WHICH POLICE STATION? <input type="text"/> <input type="radio"/> NO POLICE REPORT NO. <input type="text"/>	

GOODS AND SERVICES TAX To ensure you do not incur any unnecessary GST liabilities on this claim, please complete these details.		
Are you registered for GST purposes? No <input type="radio"/> Yes <input type="radio"/>	What is your ABN?	<input type="text"/>
If you are registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?		
No <input type="radio"/> Yes <input type="radio"/>	Is the amount claimed less than 100% of the GST applicable to the premium? No <input type="radio"/> Yes <input type="radio"/>	Specify the percentage amount claimed <input type="text"/> %

COMPLETE DETAILS OVERLEAF BEFORE SIGNING BELOW.

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
ESTIMATE	<input type="text"/>	ACCIDENT TYPE	<input type="text"/>

